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transmitted by the USPTO (571) 273-2885, on the date indicated below. Steven L. Highlander FULBRIGHT & JAWORSKI, LLP 600 Congress Avenue, Suite 2400 (Depositor's pame) Highlander Austin, TX 78701 (Signature) 2006 Ju 30, (Date) APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 08/970.045 11/13/1997 ELIGEN KOREN 20487/113 2118 TITLE OF INVENTION: ANTIBODIES TO LIPOPROTEINS AND APOLIPOPROTEINS AND METHODS OF USE THEREOF APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional \$300 07/05/2006 \$1000 YES \$700 FYAMINED APTIMIT CLASS SUBCLASS DUFFY, PATRICIA ANN 436-071000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Fulbright & Jaworski (I) the names of up to 3 registered patent attorneys or agents OR, alternatively. ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Okalahoma Medical Research Foundation Oklahoma City, OK Please cheek the appropriate assignee category or eategories (will not be printed on the patent) : 🔲 Individual 🚨 Corporation or other private group entity 🔲 Government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): X Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 0-1212/CMRF: 04chbc any obtain opposit form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. Sec 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested the apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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